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	Attorney Docket Num	ber ROSA 0104 PUS
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	Andy Rosa, et al.
PATENT APPLICATION	COMPLE	TE IF KNOWN
(37 CFR 1.63)	Application Number	/ Applied For
Declaration Declaration	Filing Date	Herewith
Submitted OR Submitted after Initial	Group Art Unit	
with Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	

	As a below named inventor, I hereby declare that:								
	My residence, mailing address, and citizenship are as stated below next to my name.								
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
	FLUID APPLICATION SYSTEM AND METHOD								
(Title of the Invention)									
	the specification of which	•	,						
	is attached hereto								
	OR								
	was filed on (MM/DD/YYYY)			as United Sta	ates Application N	Number or PCT Ir	nternational		
	A college Comp North and		mandad c= f	(MM/DD/YYY	~ [		(if applicable).		
	Application Number	and was a	uneriaea on (	ו ז ז ושטואוואו,	1)		(ii applicable).		
	I hereby state that I have reviewed	and understand the cor	ntents of the	above identi	fied specification	, including the cla	ims, as		
	amended by any amendment spec	cifically referred to above	€.						
	I acknowledge the duty to disclose in-part applications, material inform PCT international filing date of the	nation which became av	ailable betwe	entability as o een the filing	defined in 37 CFF date of the prior	≺ 1.56, including t application and th	nor continuation- he national or		
	I hereby claim foreign priority bene or plant breeder's rights certificate	e(s), or 365(a) of any F	'CT internati	onal applicat	tion which desigi	nated at least on	e country other		
	than the United States of America patent, inventor's or plant breeder	a lieted helow and hav	∕e aleo ident	ified helow	by checking the	box any toreigr	n application for		
	application on which priority is clair Prior Foreign Application	med.	Foreign F		Priority		py Attached?		
	Number(s)	Country	(MM/DD		Not Claimed	YES	NO NO		
	Additional foreign application	numbers are listed on a	supplement	al priority dat	ta sheet PTO/SB	/02B attached he	ereto:		

[Page 1 of 2]

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## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below									
Robert P. Renke Artz & Artz, P.C. Name									
28333 Telegraph Road Suite 250									
City Southfield			State	MI	ZIP 46034				
U.S.A.	00	248-223 Fax	3-9522						
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may reoperdize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR	: 🗀	A petition h	as be	en filed for this un	signed invento	or			
Given Name Andy Family Name Rosa (first and middle [if any]) or Surname									
Inventor's Signature									
Naperville IL U.S.A. Residence: City State Country					Citizenship	U.S.A.			
2219 Periwinkle Lane									
City Naperville		State (L		60540 ZIP	Country	Ų.Ş.A.			
NAME OF SECOND INVENTOR:		A petition ha	s bee	n filed for this unsi	gned inventor				
Given Name P (first and middle [if any])	aul			lly Name umame	Wilson				
inventor's Signature					Date				
Canton Residence: City		GA State		Ų.S.A. Country	Citizenship	U.S.A.			
Mailing Address 110 Orchard Drive									
Canton									
Additional inventors are being named on the	su	opiemental Additi	onal In	wantor(s) sheet(s) PTC	VSB/02A attached	herato.			

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## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to. Customer Number or Bar Code to				OR.	Cor	respondence add	ress below		
Robert P. Renke Artz & Artz, P.C. Jame									
28333 Telegraph Road Suite 250									
City Southfield	Southfield Btate MI ZIP 48034								
U.S.A. Country	23-9500 248-223-9522 Fax								
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon									
NAME OF SOLE OR FIRST INVENTOR :		A petition h	as be	en filed fo	or this un	signed invento	ır		
Given Name And (first and middle [if any])	ly			ly Name urname		Rosa			
Inventor's Signature						Darte			
Naperville Residence: City		IL State		Country	U.S.A.	Citizenship	U.S.A.		
2219 Periwinkie Lane Mailing Address									
City Naperville		State		ZiP	60540	Country	U.S.A.		
NAME OF SECOND INVENTOR:		A petition ha	s boo	n filed for	this unsi	igned inventor			
Given Name Pai	ul			ly Name irname		Wilson	نظ من المراجع		
Inventor's Signature		>				Dete /O-	12-01		
Canton Residence: City	S	GA		Country	U.S.A.	Citizenship	U,S.A.		
Mailing Address 110 Orchard Drive	, <u></u>								
Canton	8	GA State		ZIP 30	0115	Country	U.S.A.		
Additional inventors are being named on the					heel(s) PTC	D/SB/02A attache	d herelo.		
[Page 2 of 2]									

Firm or Individual Name

Address Address

I am the:

Name Signature

Applicant/Inventor.

Andy Rosa

City Country Telephone

	Application Number	k Office; U.S. DEPARTMENT OF COMMERCE of unless it display a valid OMB control number.  Applied For	
	Filing Date	Herewith	
	First Named Inventor	Andy Rosa, et al.	
POWER OF ATTORNEY OR	Title	FLUID APPLICATION SYSTEM AND METHOD	
AUTHORIZATION OF AGENT	Group Art Unit		
	Examiner Name		
	Attorney Docket Number	ROSA 0104 PUS	
Practitioners at Customer Number		Number Bar Code	
OR  Practitioner(s) named below:		Number Bar Code Label here	
OR  ✓ Practitioner(s) named below  Name		Label here	
OR Practitioner(s) named below Name ROBERT P. RENKE	40,78	Label here egistration Number 3	
OR  ✓ Practitioner(s) named below  Name		Label here egistration Number 3	
OR Practitioner(s) named below Name ROBERT P. RENKE	40,78 25,82	Label hare egistration Number 3	

SIGNATURE of Applicant or Assignee of Record

Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96).

State

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## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	Applied For
Filling Date	Herewith
First Named Inventor	Andy Rosa, et al.
Title	FLUID APPLICATION SYSTEM AND METHOD
Group Art Unit	
Examiner Name	
Attorney Docket Number	ROSA 0104 PUS

OR Practition	ioners at (	Customer Number amed below; Name P. RENKE			Registra	Nun Lab	ce Customer nber Bar Code el here umber	]
as my/our attorney(s) or agent(s) to prosecute the application identified above, a						and to	transact all	
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Assign		or. ord of the entire inter r 37 CFR 3.73(b) is e			/96).			
		SIGNATURE of	Applicant or Assign	nee of	Record			
Name	Paul							
Signature	P	e a						
Dale		10-12-01						
NOTE: Signatures of	all the inver	ntors or assignoes of reco is required, see below*.	ord of the entire interes	t or their	representativ	re(s) are	e required. Submit	l multiple
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